



**COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH
OFFICE OF THE MEDICAL DIRECTOR**

MEDI-CAL PROFESSIONAL SERVICES AND AUTHORIZATION DIVISION

Provider Relations Unit

Date:

TO: Department of Mental Health
Chief Information Office Bureau
Attn: Systems Access Unit
695 S. Vermont Avenue, 8th Floor
Los Angeles, CA 90005

FROM: _____
Network Provider, Billing Agent/Service or Clearinghouse Name

SUBJECT: **DIRECT DATA ENTRY (DDE) APPLICATION PROCESSING CHECKLIST**
http://lacdmh.lacounty.gov/hipaa/ffs_ISForms.htm

Attached for processing are the forms required to submit claims electronically in the Integrated System via DDE.

Provider Name _____ Provider Number _____

(A) Obtaining Access

1. Applications Access Form
2. Applications Access Attachment (For application with additional assigned locations)
3. Individuals Authorized to Sign CIOB Forms
4. Confidentiality Oath
5. Downey Data Center Registration for Contractor/Vendor
6. Agreement for Acceptable Use
7. Rendering Provider Form
8. Rendering Provider Form Attachment (For applicant with additional assigned locations)

(B) Renewing Access

1. SecurID Token Renewal Request
2. Agreement for Acceptable Use

(C) Terminating Access

1. Applications Access Form
2. Downey Data Center Registration for Contractor/Vendor

If you have any questions or need additional information, you may contact the EDI Specialists at (213) 351-1335 or the Provider Relations Unit at FFS2@dmh.lacounty.gov.

BP:bp
5/31/2012

Attachments _____